

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)
PROOF OF CLAIM

Name of Debtor
Martin Wayne Lewandowski
Sharon April Lewandowski

Case Number
00-01480

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.



00-01480



1432324

THIS SPACE IS FOR COURT USE ONLY

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Firestone CREDIT FIRST N.A.

Name and Address where notices should be sent:
Firestone CREDIT FIRST N.A.
P.O. Box 81344 P.O. Box 818011 (BK-13)
Cleveland, OH 44188-0344 Cleveland, OH 44181-8011

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☒ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number: 877 888-0844

Account or other number by which creditor identifies debtor:

649 823 006

Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated _____

1. Basis for Claim

- ☒ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: _____
- Unpaid compensation for services performed from _____ to _____
- (date) (date)

2. Date debt was incurred:

opened 3/28/95

3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed:

\$ 393.96

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.
☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

- ☐ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ _____
- Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

MARY PHELPS

Date

6/21/00

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Mary Phelps

Authorized to file
877-888-0844

THIS SPACE IS FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

FINA 12/13/94 837

ACCT: 89982312 BAL: 11,721.00
 HARBOR W. LEWANDOWSKI
 8756 N. 34 318.00 00

11.150 00 09715-0000-

ACCOUNT FOR ALL PHASE 2-5 CARD 01/01/95-01/01/95 4875 CHARGE 000 OPEN: 12.98/95

BALANCE: \$393.96
 CHARGE CARD: 01/01/95 TO 01/01/95 100 0000 100

DATE	DATE	STAFF	TIME	AMOUNT	PR	TH	PA	PAY	BALANCE
BINT	04/05/00			15.00	1.00	1.00	1.00	15.00	393.96
LEF	05/16/00	0460	077737	15.00	1.00	1.00	1.00	15.00	378.96
STMT	05/05/00								
LEF	04/16/00	0460	077737	15.00	1.00	1.00	1.00	15.00	363.96
BINT	04/05/00								
LEF	03/14/00	0460	077737	15.00	1.00	1.00	1.00	15.00	348.96
STMT	03/05/00								
LEF	02/13/00	0460	077737	15.00	1.00	1.00	1.00	15.00	333.96
STMT	02/05/00								
RIBA	01/22/00	10040	74962	15.00	1.00	1.00	1.00	15.00	318.96
CASH	01/07/00	10000	8788	11.00					307.96
BINT	01/05/00								
STMT	10/05/99								
BINT	11/05/99								
CASH	11/09/99	10000	9038	14.00					293.96
STMT	10/05/99								
RIBA	09/01/99	10040	10153	15.00	1.00	1.00	1.00	15.00	278.96
STMT	04/05/99								
CASH	08/25/99	10000	10827	20.00					258.96